

84400

# State of California



## Fair Political Practices Commission

P.O. BOX 807 • SACRAMENTO, 95804 • • • 1100 K STREET BUILDING, SACRAMENTO, 95814

Technical Assistance/Administration  
(916) 322-5660

Executive/Legal  
322-5901

Enforcement  
322-6441

Conflict of Interest  
322-6444

May 31, 1978

Francis L. Greiner  
City Clerk  
City of San Jose  
801 North First Street  
San Jose, CA 95110

A-78-230

Dear Mr. Greiner:

The Fair Political Practices Commission ("Commission") has received your May 5, 1978, letter which was inadvertently received by the Secretary of State's Office.

In your letter, you enclosed a copy of the consolidated campaign statement filed by city council candidates Sherman and Begin with the 1978 Socialist Workers Campaign of San Jose. That campaign statement covered the period through April 23, 1978. Prior to the filing deadline for that statement, you advised the treasurer of the committee that such a consolidated filing would be allowed. The staff of the Commission has no disagreement with your advice. However, a complete copy of the consolidated statement should be placed in each of the candidate's files.

You inquired in your letter about the status of exemptions from campaign disclosure under the Political Reform Act ("Act"). As you may know, in 1976, the Commission established a procedure for granting exemptions from certain reporting and disclosure requirements, 2 Cal. Adm. Code Section 18429. However, in 1977 the California Legislature passed an amendment to the Act that prohibits the Commission from granting an exemption to any candidate or committee from the campaign disclosure requirements. Government Code Section 84400. Accordingly, the Commission has not granted any more exemptions.

I would suggest you take whatever action you consider appropriate.

If you have any questions, feel free to contact me.

Sincerely,

*Barbara Campbell*

Barbara Campbell  
Counsel  
Legal Division

BC:plh



CITY CLERK

**CITY OF SAN JOSE, CALIFORNIA**

801 NORTH FIRST STREET  
SAN JOSE, CA 95110  
(408) 277-4424

May 5, 1978

72230  
*Stamped  
in  
enoy  
-han*

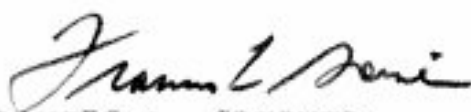
Fair Political Practices Commission  
1100 "K" St.  
Sacramento, CA 95814

SUBJECT: CAMPAIGN REPORT - Sandra Sherman/Claudette Begin

Enclosed is a copy of the campaign statement filed by City Council candidates Sandra Sherman and Claudette Begin in connection with the municipal election which is to be held on June 6, 1978.

You will note that I allowed these two candidates to file on one Form 490. The treasurer had contacted me before the filing deadline and asked if this could be done as the funds were being received and spent for both candidates as a single ticket. If you disagree with my interpretation, I would appreciate hearing from you so I can instruct the treasurer differently.

Would you please advise me of the most recent interpretation of the regulations which might exempt candidates from reporting the names of contributors and payees. I have no bulletin from the Commission on this subject dated later than April 18, 1977. If the Socialist Workers' Party is exempt, I will accept the statements as filed; otherwise I will take appropriate action to obtain the names of contributors.

  
FRANCIS L. GREINER,  
City Clerk

FLG:dc

Enclosure

cc: Lenore Sheridan, Treasurer  
Sheridan/Begin Committee



# CONSOLIDATED CAMPAIGN STATEMENT

(Government Code Section 84200-84216)

For use by candidates/officeholders and their controlled committees.  
Also for use by committees filing jointly.

(2)  
**RECEIVED**  
**BY CITY CLERK**  
**APR 28 12 00 PM '78**  
**RECEIVED AND FILED**  
Office of the Secretary of State  
of the State of California  
**MAY 10 1978**

(Type or Print in Ink)

Statement covers period from 1/16/78 through 4/23/78

OFFICIAL USE ONLY

TYPE OF ELECTION (Circle one if applicable): Primary <input type="radio"/> General <input checked="" type="radio"/> Special <input type="radio"/> Recall <input type="radio"/>	CIRCLE IF APPLICABLE: semi-annual <input type="checkbox"/> campaign statement <input type="checkbox"/>	DATE OF ELECTION (MO. DAY YR.): June 6, 1978	TOTAL PAGE
---	--	---	------------

## I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT (If Applicable)

NAME OF CANDIDATE: <u>Ms. Sandra M. Sherman</u>					OFFICE SOUGHT OR HELD (Include location and district number if applicable) <u>City Council Seat</u>	
RESIDENTIAL ADDRESS: NO. AND STREET <u>366 N. 12th St. San Jose CA</u>		CITY <u>San Jose</u>	STATE <u>CA</u>	ZIP CODE <u>95112</u>	AREA CODE <u>408</u>	PHONE <u>279-1607</u>
BUSINESS ADDRESS: NO. AND STREET <u>942 E. Santa Clara St. San Jose CA</u>		CITY <u>San Jose</u>	STATE <u>CA</u>	ZIP CODE <u>95116</u>	AREA CODE <u>408</u>	PHONE <u>295-8342</u>

## II COMMITTEES INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF COMMITTEE: <u>1978 Socialist Workers Campaign of San Jose</u>					I.D. NUMBER <u>781125</u>	
ADDRESS OF COMMITTEE: NO. AND STREET <u>942 E. Santa Clara St. San Jose CA</u>		CITY <u>San Jose</u>	STATE <u>CA</u>	ZIP CODE <u>95116</u>	AREA CODE <u>408</u>	PHONE <u>295-8342</u>

NAME OF TREASURER: <u>Ms. Lenore Sheridan</u>						
PERMANENT ADDRESS OF TREASURER: NO. AND STREET <u>1034 Drexel Wy. San Jose CA</u>		CITY <u>San Jose</u>	STATE <u>CA</u>	ZIP CODE <u>95121</u>	AREA CODE <u>408</u>	PHONE <u>225-2906</u>

NAME OF COMMITTEE:					I.D. NUMBER	
ADDRESS OF COMMITTEE: NO. AND STREET		CITY	STATE	ZIP CODE	AREA CODE	PHONE
NAME OF TREASURER:						
PERMANENT ADDRESS OF TREASURER: NO. AND STREET		CITY	STATE	ZIP CODE	AREA CODE	PHONE

Attach additional information on appropriately labeled continuation sheets.

## III CANDIDATE/OFFICEHOLDER ONLY: IF YOU HAVE KNOWLEDGE OF ANY OTHER COMMITTEES NOT INCLUDED IN THIS CONSOLIDATED STATEMENT WHICH HAVE RECEIVED CONTRIBUTIONS OR MADE EXPENDITURES ON BEHALF OF YOUR CANDIDACY, IDENTIFY THEM IN THIS SECTION.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	TREASURER'S PERMANENT ADDRESS	PHONE NUMBER

Attach additional information on appropriately labeled continuation sheets.

### VERIFICATION

I declare under penalty of perjury that to the best of my knowledge this statement and its schedules are true, correct and complete and that I have used all reasonable diligence in their preparation.

Executed on 4/26/78 at San Jose CA by Lenore Sheridan  
(Date) (City and State) (Signature of Treasurer(s))

Executed on \_\_\_\_\_ at \_\_\_\_\_ by \_\_\_\_\_  
(Date) (City and State) (Signature of Treasurer(s))

I declare under penalty of perjury that to the best of my knowledge this statement and its schedules are true, correct and complete and that the Treasurer of this committee has used all reasonable diligence in the preparation of this statement and its schedules.

Executed on 4/26/78 at San Jose CA by Sandra M. Sherman  
(Date) (City and State) (Signature of Candidate or Officeholder)

For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions of the Political Reform Act," Section XI.





Form 490

CONSOLIDATED  
CAMPAIGN STATEMENT

(Government Code Section 84200-84216)

②

For use by candidates/officeholders and their controlled committees.  
Also for use by committees filing jointly.

(Type or Print in Ink)

Statement covers period from 1/16/78 through 4/23/78RECEIVED  
AND FILED  
In the office of the Secretary of  
the State of California  
MAY 10 1978MARCH FONG EU, Secretary  
A OFFICIAL USE ONLY

TYPE OF ELECTION (Circle one if applicable):

Primary General Special Recall

CIRCLE IF APPLICABLE:

semi-annual  
campaign statement

DATE OF ELECTION (MO. DAY YR.):

June 6, 1978

TOTAL PAGES

## CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT (If Applicable)

NAME OF CANDIDATE:

Claudette Begin

OFFICE SOUGHT OR HELD (include location and district number if applicable)

Mayor

RESIDENTIAL ADDRESS: NO. AND STREET

1438 Tami Lee Dr.

CITY

San Jose CA

STATE

ZIP CODE

AREA CODE

PHONE

408-293-0799

BUSINESS ADDRESS: NO. AND STREET

121 Park Center Plaza

San Jose CA

CITY

STATE

ZIP CODE

95112

AREA CODE

PHONE

408-286-8660

## I COMMITTEES INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF COMMITTEE:

1978 Socialist Workers Campaign of San Jose CA

I.D. NUMBER

781125

ADDRESS OF COMMITTEE: NO. AND STREET

942 E. Santa Clara St.

San Jose CA

CITY

STATE

ZIP CODE

95116

AREA CODE

PHONE

408-295-8342

NAME OF TREASURER:

Ms. Lenore Sheridan

PERMANENT ADDRESS OF TREASURER: NO. AND STREET

1034 Drexel Wy.

San Jose CA

CITY

STATE

ZIP CODE

AREA CODE

PHONE

95121

408-225-2906

NAME OF COMMITTEE:

I.D. NUMBER

ADDRESS OF COMMITTEE: NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE

PHONE

NAME OF TREASURER:

PERMANENT ADDRESS OF TREASURER: NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE

PHONE

Attach additional information on appropriately labeled continuation sheets.

II CANDIDATE/OFFICEHOLDER ONLY: IF YOU HAVE KNOWLEDGE OF ANY OTHER COMMITTEES NOT INCLUDED IN THIS CONSOLIDATED STATEMENT WHICH HAVE RECEIVED CONTRIBUTIONS OR MADE EXPENDITURES ON BEHALF OF YOUR CANDIDACY, IDENTIFY THEM IN THIS SECTION.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	TREASURER'S PERMANENT ADDRESS	PHONE NUMBER

Attach additional information on appropriately labeled continuation sheets.

## VERIFICATION

I declare under penalty of perjury that to the best of my knowledge this statement and its schedules are true, correct and complete and that I have used all reasonable diligence in their preparation.

Executed on 4/26/78 at San Jose CA

(Date)

(City and State)

by Lenore Sheridan

(Signature of Treasurer(s))

Executed on \_\_\_\_\_ at \_\_\_\_\_

(Date)

(City and State)

by \_\_\_\_\_

(Signature of Treasurer(s))

I declare under penalty of perjury that to the best of my knowledge this statement and its schedules are true, correct and complete and that the Treasurer of this committee has used all reasonable diligence in the preparation of this statement and its schedules.

Executed on 4/26/78 at San Jose Ca

(Date)

(City and State)

by Claudette Begin

(Signature of Candidate or Officeholder)

For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions"

## SUMMARY PAGE

Statement covers period from \_\_\_\_\_ through \_\_\_\_\_

Sandra M. Sherman  
Claudette Beign -

- 1978 Socialist Workers Campaign of San Jose

Name \_\_\_\_\_  
(If this is a consolidated report (Form 490) include the name of the candidate and committee.)I.D. Number \_\_\_\_\_  
(If Committee) 781125

	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date - Total of Columns A & B
<b>RECEIPTS</b>			
1. Monetary contributions received.....	S _____	S 1290.47 ✓ Page 4, Line 5	S _____
2. Loans .....	_____	Page 5, Line 9	_____
3. Miscellaneous receipts (attach explanation).....	_____	_____	_____
4. Total cash received (Net).....	S _____ Add Lines 1 + 2 + 3 above	S 1290.47 ✓ Add Lines 1 + 2 + 3 above	S _____ Add Lines 1 + 2 + 3 above
5. Non-monetary contributions received.....	_____	Page 6, Line 3 0	_____
6. Pledges .....	_____	Page 7, Line 7	_____
7. Total receipts .....	S _____ Add Lines 4 + 5 + 6 above	S 1290.47 ✓ Add Lines 4 + 5 + 6 above	S _____ Add Lines 4 + 5 + 6 above (Should equal Columns A + B)
<b>EXPENDITURES</b>			
8. Payments.....	S _____	S 887.32 Page 9, Line 6	S _____
9. Accrued expenses (unpaid bills) .....	_____	Page 10, Line 5	_____
10. Total expenditures .....	S _____ Add Lines 8 & 9 above	S 887.32 Add Lines 8 & 9 above	S _____ Add Lines 8 & 9 above (Should equal Columns A + B)

## STATEMENT OF CHANGES IN FINANCIAL CONDITION

11. Cash on hand at the beginning of this period.....	S 0
12. Cash receipts this period (Line 4, column B above)	1290.47
13. Cash payments this period (Line 8, column B above)	887.32
14. Cash on hand at closing date (Lines 11 + 12 - 13 above).....	394.56
15. Outstanding debts (Line 2 + Line 9, of Column C above).....	_____
16. Surplus (if Line 14 is greater than Line 15, subtract Line 15 from Line 14).....	S _____
17. Deficit (if Line 15 is greater than Line 14, subtract Line 14 from Line 15).....	S _____

If this is the first report filed or if the last report was a post-election statement, Column A should be blank except for unpaid loans, bills and pledges.





Statement covers period from 1/16/78 through 4/23/78

**SCHEDULE C, FORM 420, 430 or 490**  
**NON-MONETARY CONTRIBUTIONS RECEIVED**

(Amounts may be rounded off to whole dollars)

See information manual for directions and examples

DATE	FULL NAME AND ADDRESS AND I.D. NUMBER (If Committee)	OCCUPATION	EMPLOYER (If Self-Employed, List Address)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE RECEIVED	CUMULATIVE AMOUNT
			NONE			
SUBTOTAL \$						

Attach additional information on appropriately labeled continuation sheets.

**SUMMARY**

1. NON-MONETARY CONTRIBUTIONS OF \$50 OR MORE THIS PERIOD . . . . . \$ \_\_\_\_\_
2. NON-MONETARY CONTRIBUTIONS UNDER \$50 THIS PERIOD (Not Itemized) . . . . . \_\_\_\_\_
3. TOTAL NON-MONETARY CONTRIBUTIONS THIS PERIOD (Line 1 + 2, enter on Line 5,  
Column B of Summary Page). . . . . \$ 0

I.D. NUMBER (If Committee)

Statement covers period from 1/16/78 through 4/13/78

(Amounts may be rounded off to whole dollars)

ART 1 – MADE TO RECIPIENT COMMITTEES: (See information manual for directions and examples)

[illegible]



Statement covers period from \_\_\_\_\_ through \_\_\_\_\_

## SCHEDULE F, FORM 420, 430 or 490

**ACCRUED EXPENSES (Unpaid Bills)**

(Amounts may be rounded off to whole dollars)

See information manual for directions and examples

[illegible]

SUBTOTAL \$

\*If the accrued expense is owed to a committee, list the committee's name and I.D. number (or the full name and permanent address of the treasurer). If the person providing the goods or services was different from the payee, list each person's full name, street address, city and state.

## SUMMARY

- |  |   |       |
|--|---|-------|
| 1. ACCRUED EXPENSES OF \$50 OR MORE THIS PERIOD .....  | S | _____ |
| 2. ACCRUED EXPENSES OF UNDER \$50 THIS PERIOD (Not Itemized) .....   |   | _____ |
| 3. TOTAL ACCRUED EXPENSES INCURRED THIS PERIOD (Line 1 + 2) .....  |   | _____ |
| 4. ACCRUED EXPENSES PAID THIS PERIOD (Not Itemized, Enter on Line 5, Part 3, Schedule E) .....                             |   | _____ |
| 5. NET CHANGE THIS PERIOD (Subtract Line 4 from Line 3 and enter difference on Line 9, Column B of the Summary Page) ..... |   | 0 .   |
|  | S | _____ |